

**MEDICAID &
MISSISSIPPI'S
FAMILY
PHYSICIANS**

What is the MS Academy of Family Physicians?

How do family physicians impact Medicaid?



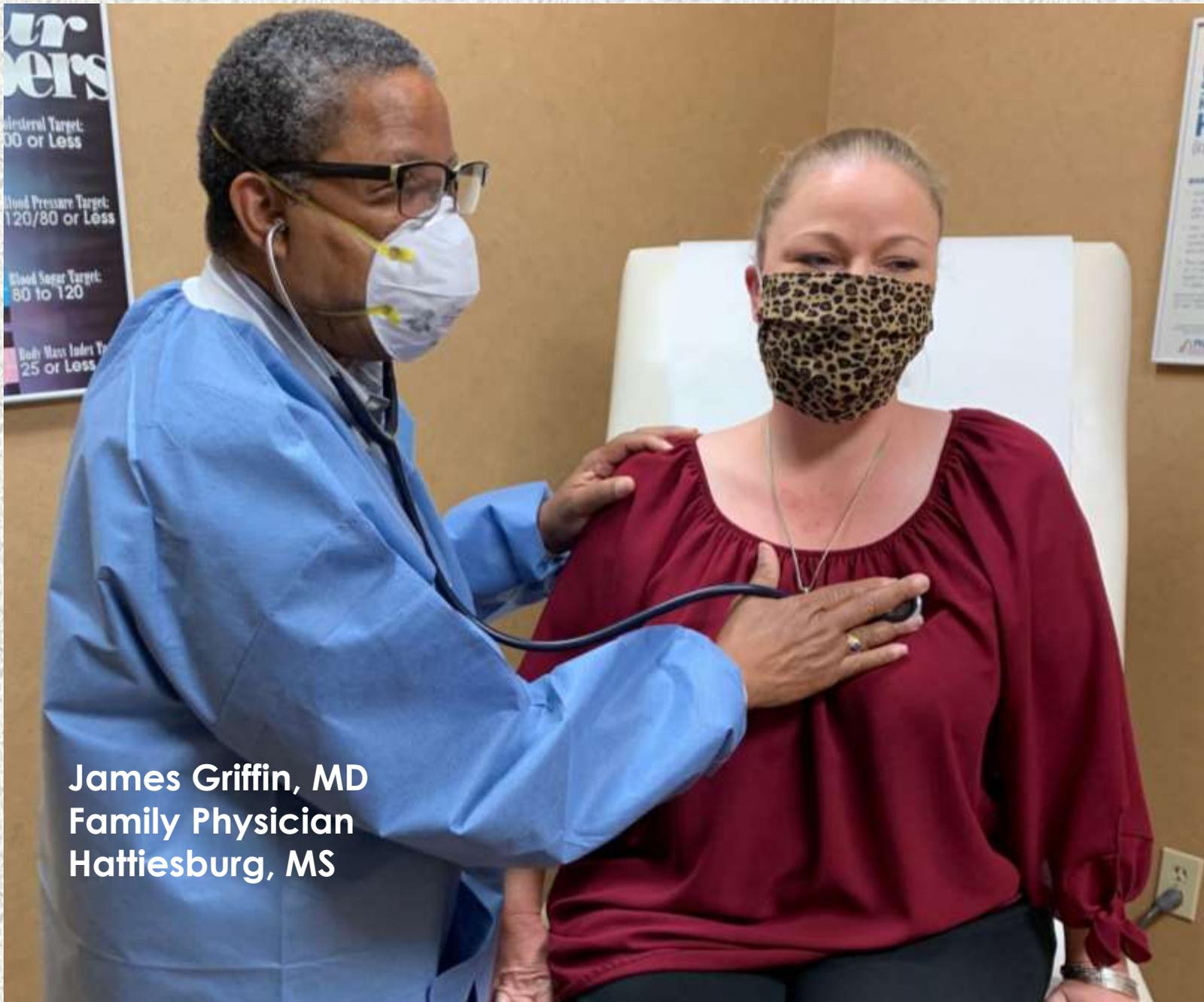
MISSISSIPPI ACADEMY
OF FAMILY
PHYSICIANS – 800
PRACTICING FAMILY
PHYSICIANS



FAMILY PHYSICIANS
TREAT A WIDE AGE
RANGE OF PATIENTS –
FROM CHILDREN TO
SENIORS



FAMILY PHYSICIANS TREAT A
VARIETY OF CONDITIONS -
COMMON COLD, HEART
DISEASE, ASTHMA, AND
DIABETES



James Griffin, MD
Family Physician
Hattiesburg, MS

Goals for Patients

- Patients Before Paperwork
- Improve Health and Wellness
- Appropriate Utilization
- Reduce Administrative Burden

BUT.....



Lakeisha Chism, MD
Family Physician
Verona, MS

Managed Care Makes These Goals Difficult.

Profits always take
precedent over
patients and
providers.

Medicaid Technical Amendments Law – What Works

- MCOs have to pay no less than the Medicaid rates
- Division of Medicaid is prohibited from expanding the MCO program without legislative approval
- Eliminates the cap on physician visits
- Removes the cap on prescription drugs
- Primary Care enhanced payments – change “may” to “shall”

***PRIMARY CARE WITH
MEDICAID is the
cornerstone for state
savings, because it keeps
people out of the
emergency rooms and
hospitals***

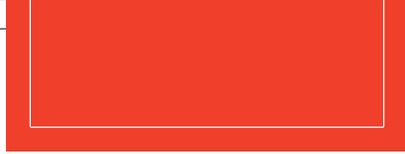
Medicaid Technical Amendments Law – **What Doesn't Work**

- MCOs have to recognize Division of Medicaid credentialing – the MCOs shall not require providers to be credentialed by the organization in order to receive reimbursement.
- Medicaid's website states, SB 2836 (2018) “prohibits the CCOs from requiring its providers to be credentialed by the organization and requires that the CCOs recognize the credentialing of the providers by DOM.”



Medicaid Technical Amendments Law – **What Doesn't Work**

- During a deficit in Division of Medicaid's fiscal-year budget, the Governor is allowed to implement any cost-containment policies deemed necessary, like: (a) reducing or discontinuing optional services, (b) reducing reimbursement rates, and (c) imposing additional assessments to hospitals.
- If any changes to the program result because of a deficit, it should be reflected in the administrative part of the capitation rate and not done at the expense of patients or providers.



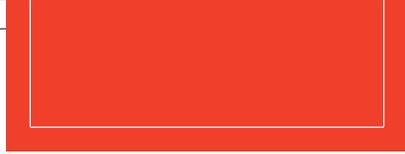
**ISSUES THAT COULD BE ADDRESSED
DURING THE 2021 LEGISLATIVE
SESSION**



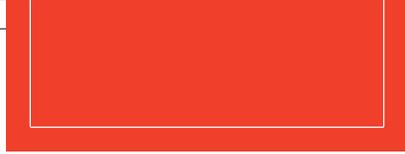
**PROVIDERS NEED:
STREAMLINED
CREDENTIALING**



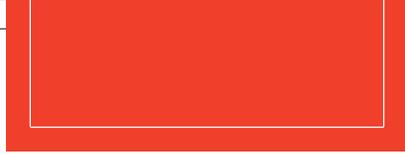
PROVIDERS NEED:
TRANSPARENT PRIOR
AUTHORIZATION
REQUIREMENTS



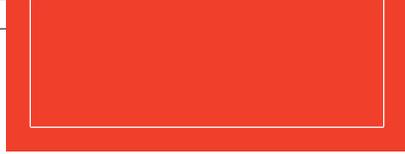
PROVIDERS NEED:
IMPROVED
PEER TO PEER REVIEWS



PROVIDERS NEED:
STREAMLINED CLAIMS
PROCESSING AND PAYMENTS



PROVIDERS NEED:
PERMANENT ENHANCED
PRIMARY CARE PAYMENTS



QUESTIONS